

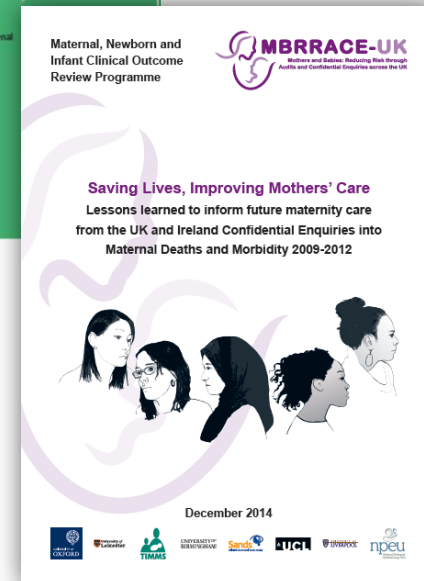
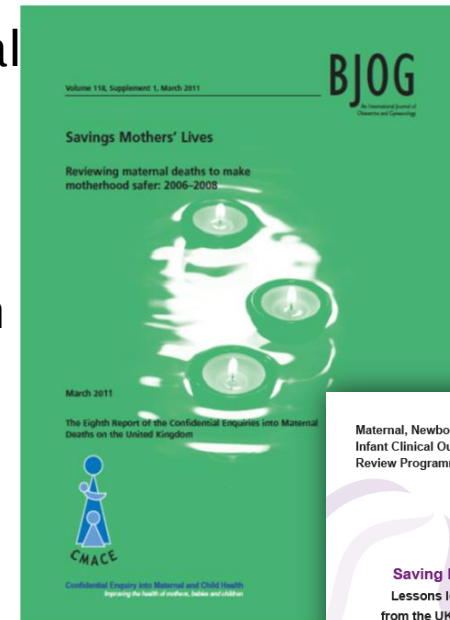
***‘Student midwives experiences and confidence surrounding postnatal assessment: What’s happening and how can it be improved?’  
A case study research project’***

**Research team;-**

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# Midwifery Professional responsibilities in the postnatal period

- ▶ To Identify and respond to women's postnatal needs (NMC 2012; WHO 2014).
- ▶ Mortality rates
  - ↓ Due to improvements in maternal health
  - ↑ Recent rise in Genital tract sepsisCMACE (2011) MBRRACE (2014)
- ▶ Postnatal morbidity  
perineal, uterine infection & bleeding
- ▶ Assessment and prompt identification and treatment of postnatal genital tract health remains a maternal health priority (RCOG 2012; MBRRACE-UK 2014).





# The Changing landscape of postnatal Care

## National concerns;–

- ▶ “Decline in the standard of care received” and the reduction of in patient stay and number of postnatal contacts between midwives and postnatal women (Wray & Bick 2012 p. 495).
- ▶ Organisational pressures impacting upon the approach and quantity of postnatal contact (RCM 2014)

## Local concerns (Larkin 2012).

- ▶ Practice experience contributing to skill development
- ▶ Impact upon future midwifery practice (Larkin 2012).

Such concern have also been expressed in national surveys and forums (RCM 2010; RCM Leaders in Midwifery Forum 2014; RCM 2014b).

- ▶ *“The number of postnatal contacts has decreased significantly during recent years, with little evaluation of the impact.”* RCM (2014 p.17)

# Student Midwives and postnatal care



- ▶ Theoretical and practice experiences to develop professional skills including effective assessments of maternal well being (Midwifery 2020 2010; NMC 2009; NMC 2012).
- ▶ The Department of Health (DH 2014) mandate to Health Education England state students need to have appropriate support and this includes practice experience with sufficient opportunities and time to gain appropriate experiences.
- ▶ Need to explore student midwives perceptions of the learning opportunities available within the pre-registration midwifery programme.
- ▶ Identify opportunities to enhance student midwives' experiences to inform the development of the midwifery curricula.

# Project Intentions

## Aim

- ▶ To explore and enhance student midwives' experiences of postnatal genital tract assessment skills within the midwifery preregistration curricula.

## Objectives

- ▶ Critique learning opportunities within pre-registration midwifery curricula, in both university and practice setting.
- ▶ Explore student midwives perceptions of their abilities to select and undertake a range of maternal postnatal genital tract assessments.
- ▶ Consider factors potentially impacting upon students' ability to engage in appropriate opportunities and experiences.
- ▶ Identify areas for development, with the potential to enhance student experiences and satisfaction.



# Research Design

- ▶ A case study research design has been employed (Yin 2014). Methods of data collection and project evaluation include;–

Data Source	Objective 1	Objective 2	Objective 3	Objective 4
Review of Programme Documentary evidence	X Curriculum Intentions			
Survey of all final year student midwives.	X Perceptions, views, experiences of what's happening, when and where.	X Descriptive summary of how skills and knowledge used, and confidence levels	X Summary of potential opportunities and barriers	
Up to 15 in depth semi structured narrative interviews of final year student midwives.	X Perceptions, views, experiences of what's happening, when and where.	X Detailed and contextualised illumination of how skills and knowledge used, and confidence levels	X Detailed and contextualised illumination of potential opportunities and barriers to appropriate and effective learning opportunities	X Perceptions of areas for development
Student midwife workshop to verify findings and highlight opportunities for enhancement	X Clarification and Verification	X Clarification and Verification	X Clarification and Verification	X Clarification, Verification And Prioritisation. Develop Action Plan for Curriculum enhancement.



# Preliminary Survey Results



# Survey: Main Sections

- ▶ ***Section 1*** – Learning Opportunities
- ▶ ***Section 2*** – Confidence
- ▶ ***Section 3*** – Factors Affecting Performance
- ▶ ***Section 4*** – Areas for Improvement





# Section 1: Learning Opportunities

During my midwifery practice placements I have had experience of: –	Strongly agree	Agree	Disagree	Strongly disagree
Identifying risk factors which may predispose the woman to genital tract (GT) morbidity. Risk factors include things like; operative birth, perineal trauma, throat infections and multiple pregnancy.	18	7	0	0
Undertaking general clinical observations pertinent to maternal postnatal genital tract assessment (GTA), (E.g. malaise, vital signs, pain and diarrhoea.)	13	9	3	0
Using communication skills to obtain pertinent information about the woman's GT health (E.g. questioning & listening)	16	9	0	0
Undertaking clinical observations of the woman's perineum during the postnatal period	8	15	2	0
Undertaking clinical observations of the woman's lochia	4	12	8	1
Undertaking clinical observations of the woman's abdomen during the postnatal period including palpation of the uterus.	20	5	0	0
Using clinical observations selectively when assessing maternal postnatal GT, (E.g. deciding when and if to use observation of the perineum or palpation of the uterus.)	16	9	0	0
Reviewing the genital tract assessment (GTA) of an individual woman on more than one occasion. (E.g. repeat postnatal visits)	7	9	8	1
Sharing information with women regarding their current and on-going GT health (E.g. advice regarding analgesia and hygiene, what to report to health professionals).	16	8	1	0

# Section 1: Learning Opportunities

I have had opportunities during the theoretical component of the midwifery programme to enhance my understanding of:–	Strongly agree	Agree	Disagree	Strongly disagree
Identifying risk factors which may predispose the woman to genital tract (GT) morbidity. Risk factors include things like; operative birth, perineal trauma, throat infections and multiple pregnancy.	16	5	1	0
General clinical observations pertinent to maternal postnatal genital tract assessment (GTA), (E.g. malaise, vital signs, pain and diarrhoea.)	12	10	0	0
Using communication skills to obtain pertinent information about the woman's GT health (E.g. questioning & listening)	11	11	0	0
Clinical observations of the woman's perineum during the postnatal period	6	11	5	0
Clinical observations of the woman's lochia	6	9	6	1
Clinical observations of the woman's abdomen during the postnatal period including palpation of the uterus.	12	9	1	0
Using clinical observations selectively when assessing maternal postnatal GT, (E.g. deciding when and if to use observation of the perineum or palpation of the uterus.)	9	11	2	0
Reviewing the genital tract assessment (GTA) of an individual woman on more than one occasion. (E.g. repeat postnatal visits)	7	9	5	1
Sharing information with women regarding their current and on-going GT health (E.g. advice regarding analgesia and hygiene, what to report to health professionals).	11	10	1	0

## Section 2: Confidence

1 I feel confident in:	Strongly agree	Agree	Disagree	Strongly disagree
Identifying risk factors which may predispose the woman to genital tract (GT) morbidity. Risk factors include things like; operative birth, perineal trauma, throat infections and multiple pregnancy.	14	7	0	0
Undertaking general clinical observations pertinent to maternal postnatal genital tract assessment (GTA), (E.g. malaise, vital signs, pain and diarrhoea.)	9	12	0	0
Using communication skills to obtain pertinent information about the woman's GT health (E.g. questioning & listening)	17	4	0	0
Undertaking clinical observations of the woman's perineum during the postnatal period	7	10	4	0
Undertaking clinical observations of the woman's lochia	5	11	5	0
Undertaking clinical observations of the woman's abdomen during the postnatal period including palpation of the uterus.	14	7	0	0
Using clinical observations selectively when assessing maternal postnatal GT, (E.g. deciding when and if to use observation of the perineum or palpation of the uterus.)	12	9	0	0
Reviewing the genital tract assessment (GTA) of an individual woman on more than one occasion. (E.g. repeat postnatal visits)	9	10	2	0
Sharing information with women regarding their current and on-going GT health (E.g. advice regarding analgesia and hygiene, what to report to health professionals).	11	9	1	0

# Section 3: Factors Affecting Performance

I feel the following factors have positively influenced my ability to undertake maternal genital tract assessment:	Strongly agree	Agree	Disagree	Strongly disagree
The location of postnatal service delivery (E.g. hospital, clinic, home visiting)	5	11	4	1
The schedule of postnatal assessments (E.g. 3 visits versus 5 visits over a 10 day period.)	2	9	9	1
The time available for postnatal assessments for individual women	2	6	12	1
The emphasis placed on postnatal genital tract assessment by practice mentors	3	11	5	2
The emphasis placed on postnatal genital tract assessment by university lecturers	7	12	1	1
My personal time planning and prioritisation of GTA as a subject area.	5	13	3	0
My confidence to undertake GTA.	6	12	3	0

# Section 4: Areas for Improvement

*"More clinical skills sessions and simulations"*

*"More visual aids on lochia and the perineum"*

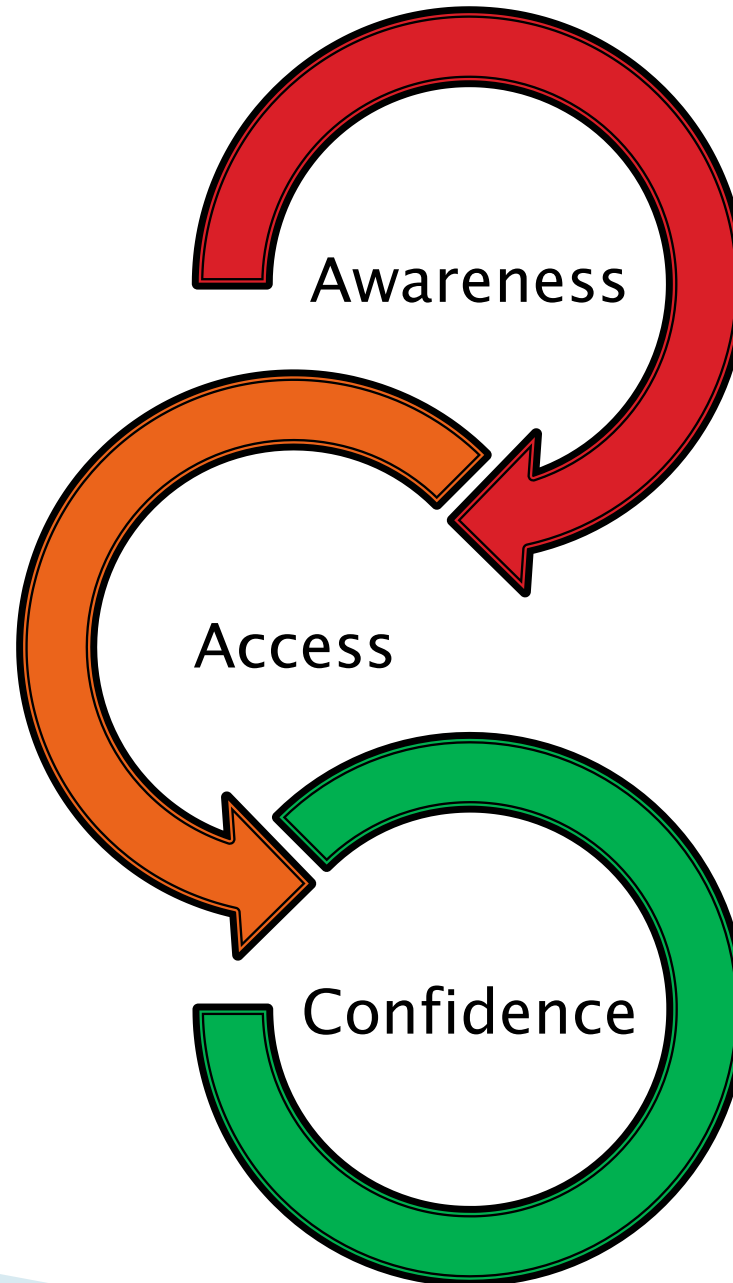
*"Encourage students to ask women if they can check their perineum even if they feel it is comfortable so that students are able to learn what a 'normal' healing perineum looks like"*

*"The environment has a massive effect"*

IMPROVE  
-MENT



# Emerging Themes from Interview Data



*"If I am honest, now I am thinking about it, I am a bit unsure of what I would be looking for if something was going wrong." STM A*

*"I always say 'you know, if you start noticing a smell or if it starts getting more painful, or if you feel like it's swollen, there is a discharge, that's when you need to tell someone and let someone look at it [perineum].'" STM F L 68*

*"We just asked how her blood loss and things had been." STM B L 70*

**Awareness**

*"We had a post natal ward mixed with an ante natal bay and the ante natal bay was where the majority of [the] midwives' energy was spent, a lot of the time, I'd be in there stopping people's IVs beeping and putting them on CTGs and doing all of that stuff." STM A L604*

*"No, no [the mentor] didn't explain why she had decided not to use clinical observations to inspect the woman's perineum, but then I didn't ask." STM F L 237*

## Access

*"I've focussed myself on learning all the different obstetric conditions and getting so obsessed with intrapartum and then leaving that [postnatal assessment] to the side a little bit." STM E L 467*

*"It can go either way, having gone through more than a year of the course, I feel more confident now in pushing the boat out a little bit more and saying 'let's go upstairs or lets go somewhere private because it's necessary for me to do this,' without obviously forcing an examination on somebody." STM H L205*

*"Because you are so close to qualifying you are already thinking about 'oh, would I make that decision,' like, 'what decision would I make? Do I agree with that? Is that what I would have done?,' because you have to question your own practice just to feel ready to make those clinical decisions." STM F L 370*

*"It's only words on the paper until you actually go out on placement and you actually see the things, isn't it?"  
STM B L 227*

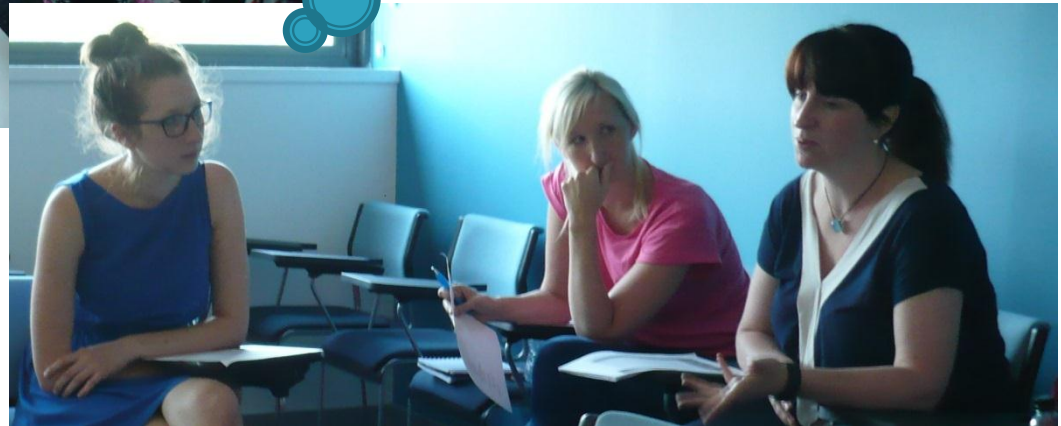
Confidence

# Curriculum Development Workshop



*"This has made me feel that in my future practice I would be confident to consider undertaking / looking in to researching an area of clinical practice."*

*"It was a great experience and has had a positive impact on how I perform postnatal visits."*





# The Top 3

Students are asking us to;–

1. *Provide additional direction to facilitate access to postnatal practice experience in the clinical area.*
  - Skills passport
2. *Learning through visualisation*
  - Blended Learning Package
3. *Help us to focus upon women's postnatal physical needs within the curriculum*
  - Test us!



- What are your views on these preliminary findings?
- Does this resonate with your experiences?